

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09872102	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09872162	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51		1	
2							52		1	
3							53		1	
4							54		1	
5							55		1	
6							56		1	
7							57		1	
8							58		1	
9							59		1	
10							60		1	
11							61		1	
12							62		1	
13							63		1	
14							64		1	
15							65		1	
16							66		1	
17							67		1	
18							68		1	
19							69		1	
20							70		1	
21							71		1	
22							72		1	
23							73		1	
24							74		1	
25							75		1	
26							76		1	
27							77		1	
28							78		1	
29							79		1	
30							80		1	
31							81		1	
32							82		1	
33							83		1	
34							84		1	
35							85		1	
36							86		1	
37							87		1	
38							88		1	
39							89		1	
40							90		1	
41							91		1	
42							92		1	
43							93		1	
44							94		1	
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	15						TOTAL IND.			
TOTAL DEP.	189						TOTAL DEP.			
TOTAL CLAIMS	194						TOTAL CLAIMS			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										